



ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	E.H.		05-03-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	A-S	943	5-16-1
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
+ ..... Allowed      I ..... Interference  
- (Through numeral)... Canceled      A ..... Appeal  
÷ ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final Original	12 05 08 12 07 11 05
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If more than 150 claims or 10 actions  
staple additional sheet here

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